

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: April Taylor
Date: 02-13-2008
Time: 10:30 – 11:30 AM
Location: Wycliff Room 430

IPRS Core Team Attendees:

Gary Imes
Thelma Hayter
x Eric Johnson
Travis Nobles
Cheryl McQueen
Joyce Sims
Jamie Herubin
x Mike Frost
x Myran Harris
x Theresa Diana

Others:

x Cathy Bennett
x Sandy Flores
x Paul Carr
x April Taylor
Chris Ferell
x Rick Kretschmer
Deborah LeBlanc
Tim Sullivan

Next Meeting: February 20, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.
IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<u>Upcoming Checkwrites</u> (cut-off dates) Feb. 14, 21
4.	<p><u>Agenda items</u></p> <ul style="list-style-type: none"> • <u>Beta Test (NPI) Requirements Review</u> <ul style="list-style-type: none"> ○ 100 records/LME/submission; Format test; full cycle run, 835 ○ Update scheduled termination: TBD • <u>Taxonomy Discussion – Lori Landman</u> <p>DMA posted a recommended taxonomy list to help some of our providers with any NPI mapping issues. This list is not all-encompassing; we've only pinpointed some specific services where we feel that taxonomy would play a large part in their mapping.</p> <p>One of the areas of interest for this call would be the LME taxonomy number. We've also posted a few other Mental Health related taxonomy numbers.</p> <p>Questions have been posed in Core Team meetings and with Provider Services, but DMA's intention with this list is not to require providers to change taxonomy information documented with NPES or providers' enrollment.</p> <p>Some of these taxonomies are new and/or previously unavailable.</p> <p>Open to questions:</p> <p>Q (Smoky Mountain): Our problem is getting the taxonomies from the provider.</p> <p>Lori Landman: Are you referring to billing taxonomy?</p> <p>Smoky Mountain: Yes.</p> <p>Lori Landman: Is the Medicaid number you're using on the claim the LME number for Smoky Mountain?</p> <p>Smoky Mountain: Yes.</p> <p>A: If the Medicaid provider number used is the LME, then you would need to use the LME taxonomy.</p> <p>Q (Onslow-Carteret): We have a problem knowing which taxonomy to use where. We have a taxonomy number for them.</p> <p>Lori Landman: Do you have a Medicaid provider number or are you using their Medicaid provider number?</p> <p>Onslow-Carteret: We are using their provider number as the biller.</p> <p>Lori Landman: Then you would use the taxonomy that represents them in the billing taxonomy field. There's a direct relationship between the billing NPI and billing Medicaid provider number with the billing taxonomy.</p> <p>Q: What about the rendering provider?</p>

	<p>Lori Landman: If you're using their Medicaid number as the rendering, use their taxonomy as the rendering taxonomy on the claim.</p> <p>Q (Cumberland): We have a provider that's Enhanced Services, using NPI, billing for case management. What taxonomy is being used in those cases?</p> <p>Lori Landman: On the recommended taxonomy list, there is a taxonomy for community services for all enhanced benefits services.</p> <p>Q: The provider is a supplier of enhanced services, but I don't think the case management services are enhanced.</p> <p>Lori Landman: Are you using the enhanced Medicaid provider number?</p> <p>Q: We are using the 34049 number</p> <p>Lori Landman: Is that an LME?</p> <p>Q: Yes.</p> <p>Lori Landman: Then you would need to use the LME taxonomy for the billing taxonomy.</p> <p>Paul Carr: On the IPRS side, an attending provider is required on every claim. In that case, for billing state funds they will need attending taxonomy. On the IPRS side we would prefer the taxonomy to go with the attending provider.</p> <p>Q (Albermarle): I want to clarify, on the 837s, Medicaid is asking for taxonomy at the billing level and IPRS is asking for taxonomy at the attending level.</p> <p>A: That is correct.</p> <p>Lori Landman: For the Medicaid mapping solution we use taxonomy at the attending and the billing level. For Medicaid processing there is not an attending required, so your taxonomy would in that case need to be related to the billing provider.</p> <p>Q (Western Highlands): I think this may cause a conflict in billing because an LME billing may be atypical and not have an NPI and a taxonomy associated with it, and the Medicaid reimbursable services can be typical and the agency can consider themselves typical. In that case the LME would not present the NPI at the billing level, but at the attending level (along with attending taxonomy).</p> <p>Paul Carr: On the Medicaid side, if the billing is atypical, does it matter what the taxonomy is?</p> <p>Lori Landman: No. Each claim would require a taxonomy <u>if</u> there is an NPI.</p> <p>Eric Johnson: Does that answer your question?</p> <p>Western Highlands: Yes.</p> <p>Q (Catawba): A potential problem with this is if we are intending to send a claim through IPRS with NPI but it routed to Medicaid, who has a slightly different process.</p> <p>Q (Mecklenburg): If we're putting the NPI and taxonomy at the billing provider level and also at the attending level for both Medicaid and IPRS, will it cause an issue at either system?</p> <p>A (Paul Carr): It won't make it through the translator.</p> <p>Lori Landman: On the Medicaid side, the attending taxonomy would take hierarchy. We are looking into changes to allow both taxonomies in the future.</p> <p>Paul Carr: But until that change is made, it will reject in the translator?</p> <p>Lori Landman: No, not on the Medicaid side, the billing taxonomy is simply dropped.</p>
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IPRS Questions or Concerns

Catawba: We had talked about some changed, fine tuning, or mapping. Has there been further discussion on this?

Eric Johnson: We've looked at the issue but are still in the process of deciding what should be done.

Medicaid Questions or Concerns

Theresa Diana: There are two additional afternoon sessions for the NPI workshop in Charlotte and Raleigh. The one in Charlotte is the 20th and Raleigh is the 26th, both at 1:30 to 4:30 pm. Forms are available in the bulletin and online.

Follow up from last week regarding taxonomy denial, this is addressed in the February bulletin.

DMH and/or EDS Concluding Remarks:

For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

- Physician phone analyst (i.e. Independent Mental Health Providers)-4706
- Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707

Roll Call Updates